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Treasurer State of Maine

2015 - Camp Trip Leader Permit Application

State of Maine, Department of Inland Fisheries & Wildlife
284 State Street, 41 State House Sta., Augusta, Me. 04333-0041
Fax - 207-287-8094

Office use only

☐ New Applicant 0795 **Fee:** - \$20.00
☐ Renewal Applicant 1795 **Fee:** - \$15.00 Last year licensed _____
☐ Guide 8795- **No Fee** Moses ID _____

User Type

Change

Name _____ Date of Birth _____
last first mi

Email _____ Social Security #/Federal Id # _____

Mailing Address _____
street or box # town/city state zip code

Physical Address _____
street or box # town/city state zip code

Legal Residence (town) _____ Drivers License # _____
(state & zip code if different from above)

Physical Description: _____ Phone # _____
height weight hair eyes sex

Camp Name _____

Camp Address _____

Camp Director Signature _____ DHHS EST ID # _____

***Out of state camps MUST show proof of their state licensing.**

Applicant Signature

Date

New applicants completing the camp trip leader safety course: (to be completed by instructor)

Course Location & Address _____

Instructor Name _____ Pass ☐ Fail ☐
(Please print name)

The Candidate has the prerequisites listed in the Dept. of Inland Fisheries & Wildlife rules and regulations pertaining to the Camp Trip Leader Safety Course procedure and has successfully completed a Camp Trip Leader Safety Course and written examination administered by the above named course instructor(s).
(Please sign below.)

Course Instructor Signature

Date

(see other side for special application process)

New Applicants - Special Application Permit

The Candidate has the prerequisites listed in the Dept. of Inland Fisheries & Wildlife rules and regulations pertaining to the Camp Trip Leader Special Application procedure and has successfully passed a written examination administered by the below named course instructor(s).

_____ has the prerequisites listed in the Department of Inland Fisheries and Wildlife rules
(Applicant's name)
and regulations governing the Camp Trip Leader Special Application procedure. (Please sign below.)

Applicant's Signature

Camp Director's Signature/ DHHS EST ID #

Instructor Name _____
(Please print name)

Pass

☐

Fail

☐

Course Instructor Signature